



WE ARE A DRUG FREE COMPANY!

We do perform pre-employment and random drug testing!

APPLICATION FOR EMPLOYMENT

Name: _____

LAST

FIRST

MIDDLE

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Home Phone: _____ Mobile Phone: _____

Are you legally eligible for employment in the United States? YES NO

(If offered employment, you will be required to provide documentation to verify eligibility.)

Are you over 18 years old? YES NO (If no, you may be required to provide authorization to work.)

EMPLOYMENT DESIRED

Position desired _____

Full Time Part Time Summer Temporary Other (explain) _____

Date you can start _____ Hourly Rate/Salary desired _____

Can you perform the essential functions of the position for which you are applying? YES NO

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

Have you ever worked for this Company before? YES NO

If yes, where? _____ When? (Give dates) _____ Job Title: _____

How many hours per week are you available to work? _____

Can you work overtime, including weekends? YES NO

EDUCATION

| | SCHOOL NAME CITY/STATE | # YEARS COMPLETED | DEGREE | COURSE OF STUDY |
|---------------------------|---------------------------|----------------------|---------------|-----------------|
| High School | | 9 10 11 12 | Diploma / GED | |
| College/University | | 1 2 3 4 | | |
| Trade/Vocational | | | | |
| Other Training or Degrees | | | | |
| Other Training or Degrees | | | | |

List any job-related tools, equipment, computer programs, or other skills in which you are proficient:

List any professional or civic organizations in which you participate that are relevant to the position for which you are applying. Identify any leadership roles you have held: _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

Do you have any special skills or abilities which relate to the job for which you are applying? YES ___ NO ___

If Yes, please describe? _____

REFERENCES

| Give the names of three people NOT related to you, whom you have known at least three (3) years, familiar with your professional abilities | | | | |
|---|---------|------------|-------|------------------|
| Name | Address | Occupation | Phone | YEARS ACQUAINTED |
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT: Provide complete employment history beginning with your present or most recent employment. All areas must be completed. When providing dates of employment, you must provide month and year. Attach additional pages as necessary.

If any employment was under a different name, indicate name _____

| | | | |
|---------------------------------------|-----------------------|--------------------|--|
| Employer: | | | |
| Position: | | | |
| From (Mo/Yr): | | To (Mo/Yr): | |
| Address: | | | |
| Key Job Duties: | | | |
| Starting Pay: | | Ending Pay: | |
| Reason for leaving: | | | |
| May we contact this employer? | Yes / No (circle one) | | |
| If Yes, provide the following: | | | |
| Supervisor's Name: | | | |
| Supervisor's Phone: | | | |
| Supervisor's E-Mail: | | | |

| | | | |
|---------------------------------------|-----------------------|--------------------|--|
| Employer: | | | |
| Position: | | | |
| From (Mo/Yr): | | To (Mo/Yr): | |
| Address: | | | |
| Key Job Duties: | | | |
| Starting Pay: | | Ending Pay: | |
| Reason for leaving: | | | |
| May we contact this employer? | Yes / No (circle one) | | |
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| Supervisor's Name: | | | |
| Supervisor's Phone: | | | |
| Supervisor's E-Mail: | | | |

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| May we contact this employer? | Yes / No (circle one) | | |
| If Yes, provide the following: | | | |
| Supervisor's Name: | | | |
| Supervisor's Phone: | | | |
| Supervisor's E-Mail: | | | |

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Some of our positions require operating vehicles. Do you have a current valid driver's license? YES ___ NO ___
 A CDL (Commercial Driver's License)? YES ___ NO ___

Have you been convicted of, or pleaded guilty or "no contest" to a crime (excluding minor traffic violations) in the past seven years? YES ___ NO ___

If yes, please identify the crime and date of conviction: _____ *(A criminal conviction will not automatically disqualify an applicant from consideration for employment. You may provide any additional information we should consider by attachment)*

REFERRAL SOURCE

How did you hear about us? _____

Do you know anyone who works for our company? YES ___ NO ___ If yes, who? _____

This application for employment is good for 90 days only.

Consideration for employment after 90 days requires a new application.

EMPLOYMENT APPLICATION ACKNOWLEDGEMENT AND AUTHORIZATION

The information that I have provided in this application is accurate, complete, and truthful. I understand that any falsification, omission, or inaccuracy on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. I understand that I have a continuing obligation to comply with and report any suspected violation of **May's Lawn Care, LLC** policies. My signature below indicates that as of this date, I am unaware of any such violation. I understand that any job offers or my continuing employment, if hired, is contingent upon my being able, with us without reasonable accommodation, to successfully perform the essential functions of my job. I understand that it is the policy of **May's Lawn Care, LLC** not to

refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation. I understand that any offer of employment may be contingent on my passing a drug screen, and that drug screens are not given for the purposes of identifying disabilities. I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. If I am employed, I acknowledge that there is no specified length of employment, and that this application does not constitute an agreement or contract for employment. Either I or the employer (**May's Lawn Care, LLC.**) can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal, state, or local law. I acknowledge that the information I have provided is correct; that I agree to abide by **May's Lawn Care, LLC.** policies and the law, and to report suspected violations to **May's Lawn Care, LLC.**; and that I understand that I am seeking at will employment.

I further acknowledge that all handbook manuals, devices, and safety equipment either provided or loaned to me remains property of May's Lawn Care, LLC and is to be returned on the last day of employment or within three business days if separation occurs prior to actual work done. By failing to return such property, I fully accept all replacement costs incurred for such items. I also understand all materials and documents are proprietary and property of May's Lawn Care, LLC.

Applicant's Signature: _____ Date: _____

Print Applicant's Name: _____

I authorize **May's Lawn Care, LLC.** to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I acknowledge that **May's Lawn Care, LLC.** and its agents cannot vouch for or guarantee the accuracy of information provided by any third parties. Accordingly, I forever release **May's Lawn Care, LLC.**, its agents, and any former employers or references (including educational references) I have listed on my application from any and all liability arising out of any errors or omissions regarding my background information.

Applicant's Signature: _____ Date: _____

Print Applicant's Name: _____